



Global AIDS Program (GAP)

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (HHS/CDC GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. HHS/CDC GAP helps resource-constrained countries prevent HIV infection; improve treatment, care, and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.

Making An Impact: Stories From the Field

The Global AIDS Program (GAP) and the Government Hospital of Thoracic Medicine (GHTM) in the Indian state of Tamil Nadu, the country's largest AIDS care center, have been formally collaborating since September 2002. Essential training, in partnership with the International Training and Education Center on HIV (ITECH) has been an important component of CDC's work with GHTM.



GHTM nurses and Liz Stevens (center), Project Manager of ITECH programs, have taken on key roles in the hospital's efforts to improve its infection control policies.

CDC works to ensure that its capacity-building activities are comprehensive and inclusive. In addition to building critical skills among the hospital's medical staff, the strengthening of training at GHTM has had profound effects on hospital infection control and the empowerment of nurses.

Infection control is an essential component of an overall strategy to prevent medical transmission of HIV and provide quality HIV care and treatment. When Liz Stevens, the Project Manager of ITECH programs in India, began planning a curriculum to address infection control, she focused first on the hospital's own infection control capacity. "Before you can teach about infection control you have to have the resources in place to practice it," emphasizes Stevens. "For example, there isn't 24-hour running water here. How can you ask people to wash their hands if there isn't water to wash them? "

GHTM established an infection control committee with the support of CDC and ITECH that resulted in a new "infection control mindset" within the hospital. GHTM now is addressing its water supply issues, providing its staff with hepatitis B vaccinations, improving tuberculosis control through better ventilation, monitoring glove reserves, and practicing a post-exposure program to reduce infection risk from medical transmission such as needle sticks.

GHTM's doctors and nurses are proud of the changes they have seen at the hospital. "Many institutions are not like this. For example, when I worked at another hospital, I got one package of gloves and I had to hold onto them for many months. We don't have to boil or use electrical sterilizers here, we now have disposables," one nurse proudly reports.

The committee includes doctors and nurses and is the first forum in which nurses have contributed equally on an important issue. "In the first few meetings the nurses were hesitant to contribute, but when people realized their opinions were sought and valued it became a very lively group. People now share their ideas and work toward solutions," notes Stevens.

In addition, nurses are acting as trainers in the program which brings doctors from all over India to GHTM for training. The nurses training group also is developing curricula for nurse assistants and sanitary workers. "Before the training programs, we had an inferiority complex..." a nurse notes. "One trainee (physician) stated, 'if I had known about this I would have brought my nurses with me for training.'"